

Application for Recertification EMT-II or III Instructor

Section of Community Health and Emergency Medical Services

PO Box 110616, Juneau, AK 99811-0616

(907) 465-3027 FAX: (907) 465-6736

<http://www.chems.alaska.gov>

I am applying for recertification as an:

☐ EMT-II Instructor

☐ EMT-III Instructor

(can teach both EMT-II and EMT-II classes)

Name:	SSN:
Address:	Date of Birth:
	Home Phone:
Gender (Optional): Male Female	Work Phone:
Occupation:	E-mail Address:
EMS Affiliation/s:	
Ethnic Origin (Optional): White Black Hispanic American Indian Alaska Native Asian or Pacific Islander Other: _____	

1. Provide a copy of a card, certificate, or license evidencing at least one of the following valid credentials:

- EMT-Paramedic by the National Registry of EMTs
- Authorization to practice in the state as a Mobile Intensive Care Paramedic (MICP)
- Authorization to practice in the state as a physician, physician assistant or registered nurse

2. **Teaching Experience** (within the two years before the date of application) At least 24 hours of instruction in unique content areas included in an EMT-I, EMT-II, or EMT-III training program; hours teaching in approved classes or that provide continuing medical education may be applied to satisfy this requirement.

Subject	Location	Dates	Hours
EMT-III Initial Training Program			
EMT-III Refresher Program			

APPLICATION CHECKLIST

- ☐ Completed application for certification;
- ☐ Evidence of valid medical credential (NREMT-P, MICP, RN, PA, DO, MD);
- ☐ Completion of the EMT-II (for EMT-II Instructors) or EMT-III (for EMT-III Instructors) written examination with a score of 90%, or greater within the past year (Date exam taken: _____);
- ☐ \$25 testing fee.

CRIMINAL HISTORY QUESTIONS

These three questions must be completed by all applicants

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | | Have you been convicted of a violation of federal or state law, <u>excluding minor traffic violations</u> , within the last fifteen years? |
| <input type="checkbox"/> | <input type="checkbox"/> | | Have you ever been convicted of a violation of federal or state law pertaining to medical practice or drugs? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have previously disclosed the required information about all convictions to the Section of Community Health and EMS on a previous "Application for EMT Certification" or "Application for EMT Recertification," and I have no new convictions to report since my last application was submitted. |

IF YOU MARKED "YES" IN RESPONSE TO EITHER OF THE FIRST TWO QUESTIONS, PLEASE REFER TO THE "INSTRUCTIONS FOR AFFIDAVITS" BELOW.

INSTRUCTIONS FOR AFFIDAVITS

PLEASE READ THIS SECTION COMPLETELY:

1. **Individuals who responded "YES" to either of the first two questions above and responded "NO" to the third question** on this application must submit a signed affidavit with this application for certification. The affidavit must include:
 - the date of the conviction;
 - the official name of the offense(s),
 - the sentence or treatment requirements imposed;
 - the status of the sentence or treatment required; and
 - any other information you believe is germane to your application for EMT certification.

The affidavit must be signed in the presence of a notary public, postmaster, clerk of court, judge, magistrate, state trooper or authorized state employee or EMS certifying officer.

The Section of Community Health and EMS reserves the right to require the submission of relevant court documents prior to determining whether a certificate should be issued.
2. **In addition**, applicants who responded "YES" to either of the first two questions and "NO" to the third question on this page of this application must obtain and submit the results of a criminal record check from the Alaska Department of Public Safety. The record check must have been completed within the 90 days preceding the date of application. If the criminal conviction was for a traffic related offense, a driving history from the Department of Public Safety also must be submitted. The driving record must have been completed within the 90 days preceding the date of application.

Failure to disclose convictions may be considered "fraud or deceit in obtaining a certificate" and is, in itself, grounds for the suspension, revocation, or refusal to issue a certificate.

RELEASE OF INFORMATION AND VERIFYING SIGNATURE

I, _____, residing at _____

_____, authorize the Department of Health and Social Services, Section of Community Health and Emergency Medical Services, to examine my EMS education records and any law enforcement records pertaining directly to this application for certification, and to discuss them with persons having possession of them. I also expressly permit and authorize release of such records pertaining to this application for certification to the Department of Health and Social Services, Section of Community Health and Emergency Medical Services.

I request that, upon presentation of this release, or a true copy, that you provide copies of those records to the Section of Community Health and EMS and/or representatives of the office of the Attorney General of the State of Alaska.

I authorize the Section of Community Health and EMS to discuss my records with persons or organizations which are considered appropriate by the Section in connection with an official investigation, and to provide copies of my records to those persons or organizations, if appropriate.

I understand that records disclosed to the department may become part of a public record and may not be protected from further disclosure by law.

This authorization is given expressly in connection with my application for certification as an Emergency Medical Technician, Defibrillator Technician or EMS Instructor in Alaska., This authorization expires one year from the date of my signature or at the expiration of my certification, whichever is last.

I certify under penalty of perjury that the foregoing is true and accurate.

Signature of Applicant

Date

1. **(IN THE PRESENCE OF A NOTARY PUBLIC, POSTMASTER, CLERK OF COURT, JUDGE, MAGISTRATE, STATE TROOPER OR AUTHORIZED STATE EMPLOYEE, IF SUCH OFFICIAL IS AVAILABLE, APPLICANT MUST SIGN HERE.)**

THIS IS TO CERTIFY that on this _____ day of _____, _____, before me appeared _____ to me known and known to me to be the person named in and who executed the foregoing instrument and acknowledged voluntarily signing and sealing the same.

My Commission Expires _____

(2) **(IF THERE IS NO NOTARY PUBLIC, POSTMASTER, CLERK OF COURT, JUDGE, MAGISTRATE, STATE TROOPER OR AUTHORIZED STATE EMPLOYEE AVAILABLE, APPLICANT AND CERTIFYING OFFICER MUST SIGN HERE.)**

I certify under penalty of perjury that the foregoing is true and accurate. No Notary Public, Postmaster, Clerk of the Court, Judge, Magistrate, State Trooper or authorized State employee is available.

Signature of State Approved
EMS Certifying Officer

Location

Important Notes Regarding This Application

The information contained in this application for certification, and in your permanent EMS certification record at the State EMS Office, is considered a "Public Record" and is not protected from disclosure by law. By completing this application and signing it in the presence of a Notary Public or EMS Certifying Officer, you are confirming the accuracy of the information entered on the application.

Your EMS certification records may be kept in electronic, paper, and microfilm formats. You have a right to request a copy of your records at any time. Any individual has the right to inspect and copy public records under reasonable rules and during regular office hours. All requests must be made in writing. Information which is non-disclosable will not be made available.

The Department may charge a fee for searching and copying its records in accordance with AS 09.25.110 and 6 AAC 95.130.

It is the responsibility of the applicant to keep the Department informed of his or her current mailing address. The Department will send correspondence, including applications for recertification, to the address on file.

If an individual believes information contained in his or her certification records is incorrect, the individual should notify the Section, in writing, of the perceived error. The address of the EMS Section is:

Section of Community Health & EMS
Department of Health and Social Services
Box 110616
Juneau, AK 99811-0616

For more information about public records in Alaska, the reader is directed to review AS 09.25.110 – 09.25.220 and 6 AAC 95.010 – 6 AAC 95.900.